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Focus on Administration

Deliberations on Nursing Practice

Integration of Nursing and Business

Graduate Nursing Administration Program Content

Nurse Executive Role Socialization

Environment in Nursing Administration

Interview:

Kay Clark, Past President, AONE

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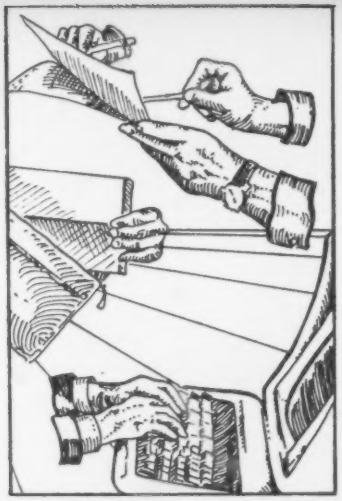

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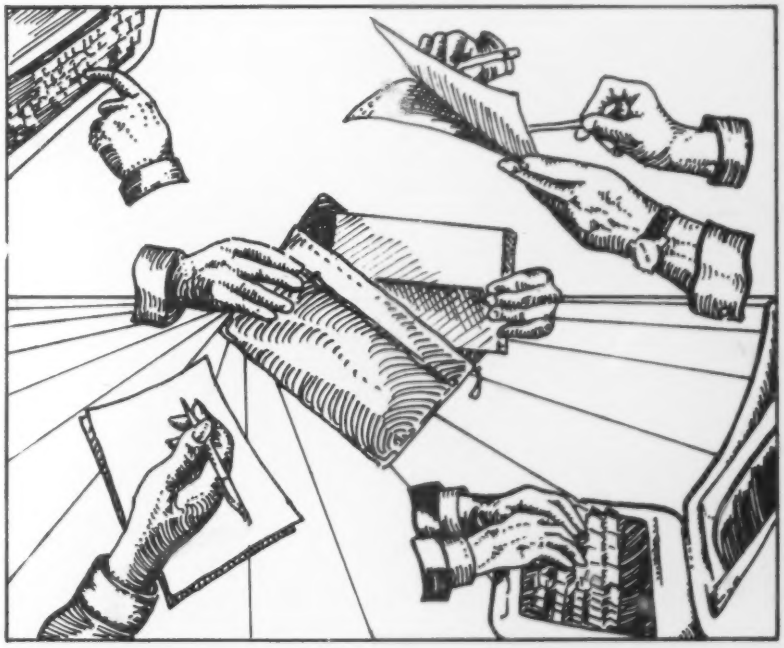
Empirically Based Recommendations for Content of Graduate Nursing Administration Programs



Cynthia C. Scalzi and David L. Wilson

Nursing administration has developed into a complex area of nursing practice, resulting in the consensus that future nurse executives need graduate preparation, with some advocating a dual degree MSN/MBA (Scalzi & Anderson, 1989). The new decade finds the health care industry, for the most part, struggling to survive.

The federal government's cost control measures continue to force further industry downsizing and consolidation. The shift to more outpatient care and the expansion of home care services are expected to continue. A competitive market has and will continue to force closures, mergers, and acquisitions of health care organizations paralleling those of other industries. These changes in the health care industry are forcing dramatic changes in the role and functions of today's nurse executives. They are being required to assume a broader scope of responsibilities as well as being expected to develop and implement programs and services that ensure the provision of high-quality patient care, reduction of costs, and an increase in productivity and retention of nursing staff.

The educational preparation of nurse managers has been determined largely by what faculties perceive to be the needs of nurse managers in acute care settings (Mark et al., 1990). Graduate nursing faculties have sought curriculum guidance from various professional organizations, such as the American Nurses' Association (ANA), National League for Nursing (NLN), Council on Graduate Education for Administration in Nursing (CGEAN), and American Organization of Nurse Executives (AONE). Surprisingly, there are few research findings on how nurse managers actually spend their time (functions) and what job activities they consider most important. Frameworks for examining nursing administration curricula published by the ANA (1988) and McCloskey et al. (1988) appear to rely on faculty consensus rather than empirical studies. Thus, the development of curricula for nursing administration frequently reflects the philosophy, experience, and acute care bias of the nursing administration faculty.

The purpose of this study was to develop an empirical basis for nursing administration curricula derived from an analysis of a survey of current job functions of top-level nurse executives in the following settings: acute care, long-term care, home care, and occupational health. The survey was designed to identify the relative amount of "time spent" and "importance" attributed to specific job activities of nurse executives. Course content areas providing preparation

Cynthia C. Scalzi, PhD, RN, and David L. Wilson, MSN, MBA, RN, are affiliated with the School of Nursing, University of Pennsylvania, Philadelphia. The authors gratefully acknowledge the W. K. Kellogg Foundation for funding this project.

Scalzi and Wilson use consensus research as a basis for determining content for graduate programs in nursing administration. They ask, what do practicing nurse executives do on the job? One hundred and eighty-four nurse executives from acute care, home care, long-term care, and occupational health rated and ranked their job functions.

Key Words: curriculum, health care, management, job function, nursing administration

for key job responsibilities are identified, and recommendations for curriculum design are discussed. Two questions were of particular interest: What type of course content is needed by all nurse executives? What content areas are unique to the particular practice setting?

Our work is based on several assumptions: (1) that understanding the functions of nurse executives in different practice settings precedes the development of a graduate curriculum in nursing administration, (2) that there is one level of graduate preparation in nursing administration, and (3) that nursing administration shares core content with other graduate nursing specializations including conceptual models/nursing theory and research methods.

Methods

Directories listing nurse executives in acute care, home care, long-term care, and occupational health practice settings were used to select a random sample. Of 300 surveys mailed, 184 were completed and returned in usable form (response rate 61%). A panel of experts in nursing administration assisted in the development and pilot testing of the survey questionnaire. The questionnaire provided a comprehensive list of job responsibilities for nurse executives in a variety of practice settings. Fifty-one activities were identified for inclusion in the questionnaire. Individuals rated each item on a scale of 1 (low) to 4 (high) in terms of "time spent on the activity" and "the degree of importance" attributed to the activity.

A second expert panel of practicing nurse managers, nursing administration faculty, and management faculty examined each questionnaire item for its educational implications. The panel assigned each item to the curriculum area that would best prepare an individual for that activity. Overall agreement on curriculum assignment was 93%. Eleven curriculum areas were identified: health care law and policy, ethics, organizational strategy, organizational behavior, quality assurance, management information systems, marketing, risk management, clinical nursing, human and material resource management, and financial management.

Results

The typical respondent was female, 40–49 years old, with 7 years of management experience, earning $40,000–49,999 annually. There were significant average salary differences between practice settings: Acute care nurse executives, on the average, earned $50,000–59,999; occupational health nurse executives earned $40,000–49,999; and home care nurse executives and long-term care nurse executives earned $30,000–39,999. Basic educational preparation in nursing was most often from a diploma school (58.2%), but the typical respondent had continued his or her education to obtain baccalaureate and master's degrees (61.4%). The nurse executives in the four practice settings differed substantially in terms of percentage having graduate degrees. Only 12% working in long-term care had a graduate degree, while 42% in home care, 55% in occupational health, and 69% in acute care had obtained a graduate degree in nursing, business, or public health administration. The distribution of respondents across the four practice settings was acute care 63 (34%), home care 57 (31%), long-term care 25 (14%), and occupational health 29 (16%). Ten respondents did not indicate where they practiced.

Scores on individual activities for time spent and importance were highly correlated ($r = .92$). Thus, time scores were used to represent the nurse executive's work role in the subsequent analysis. All 51 questionnaire items had previously been assigned to 1 of 11 curriculum content areas by the expert panel. These 11 content areas were questionnaire subscales for determining curricular score differences among the four practice settings. Curriculum scores were determined by averaging the time scores for activities associated with each educational content area. For example, the subscale or law and health care policy content area contained four questionnaire items. The time scores for these items were averaged for individuals in each of the practice settings and for the overall sample. Law and health care policy was ranked the most important content area, that is, it contained those activities rated most time-consuming and important by nurse executives regardless of practice setting. Scores for the curriculum areas, ranked by overall mean score in descending order, are displayed in Table 1.

The curriculum areas were examined for significant differences among the practice settings using analysis of variance. Significant differences were found for 6 of the 11 curriculum categories, including finance, marketing, risk management, resource management, management information systems, and clinical nursing. The top three content areas were law and health care policy, organizational behavior, and organizational strategy. This was based on their overall mean scores and the lack of significant differences among the four practice settings. That is, all respondents in this study tend to spend more time

Table 1
Ranking of Curriculum Areas by Time Spent by Practice Setting

Curriculum	Home Care	Long-term Care	Occupational Health	Acute Care	Overall Average
Law & Health Care Policy	3.07	3.01	2.74	2.90	2.95
Organizational Behavior	2.52	2.79	2.63	2.76	2.67
Organizational Strategy	2.51	2.43	2.67	2.74	2.61
Finance	2.79	*2.24**	*1.91**	2.71	2.56
Quality Assurance	2.53	2.78	2.59	2.47	2.55
Marketing	2.67	*2.20**	2.39	2.54	2.51
Risk Management	*2.31**	2.83	2.41	*2.28**	2.39
Resource Management	2.25	2.59	*2.00**	*2.12**	2.22
Management Information Systems	2.23	*1.50**	2.46	2.27	2.18
Clinical Nursing	2.26	2.55	2.17	*1.87**	2.14
Ethics	2.11	2.08	2.19	2.09	2.11

Settings with underlined scores in a curriculum area are significantly higher in their ranking than settings with italicized (and *) scores in that area.

on activities that require knowledge of law and health care policy, organizational behavior, and organizational strategy. Because of the high correlation of time and importance scores, we can also say that these nurse executives considered these activities to be very important in addition to being time-consuming. Ethics was the only content area where time and importance ratings were not highly correlated. In fact, ethics ranked second in importance but lowest in terms of time spent.

Discussion: Fundamental nursing administration content

Our findings suggest that based on time spent in various job activities, ...there is some fundamental educational content that all nurse executives need regardless of practice setting. *Health care law and policy* scored as the single most relevant content area for all four groups of nurse executives. Preparation in health care law could include relevant court decisions, legislation, federal and state regulatory activities concerning health care, such as licensure, accreditation, certification, and certificate of need processes. Health care policy content would focus on analysis and choices among health care policy initiatives employing cost/benefit techniques.

Organizational behavior and politics also scored highly, ranking in the top five content areas for each of the four groups. Content in this area could include topics such as group dynamics, change management, conflict management, and political aspects of organizational life.

Organizational strategy ranked third overall, and could include content on competitive strategies, market analysis, and organizational structure. *Finance* ranked fourth overall, and could include content in health care finance such as financial statement analysis, ratio analysis, debt financing, working capital management, budgeting, and budget variance analysis. A course of this nature could utilize computer-based techniques to teach financial analysis, demand forecasting, and workload analysis and budget construction.

Quality assurance ranked fifth overall, with no significant differences across the practice settings. Content in this area might cover the development of criteria and standards of quality, monitoring critical indicators and evaluating changes in quality over time. Evaluation methodologies should include structure, process, and outcome measures of health care quality.

Ethics ranked lowest of the 11 content areas in terms of time spent, but it also ranked second in importance. Time spent on explicitly ethical issues appeared to be low, but the ethical dimensions of health policy, organizational behavior, and organizational strategy support the inclusion of ethics as a fundamental element in nursing administration curriculum. While not a content area identified by our expert panel, we believe that an understanding of *health economics* is probably a necessary prerequisite for organizational strategy, as well as finance and marketing. Familiarity with such concepts as supply and demand, monopoly, monopsony, fixed cost, marginal cost, and economies of scale are fundamental.

Our study also identified differences in job activities across practice settings that suggest the need for different curriculum electives. In general, activities in acute care and home care are fairly similar, but occupational health and long-term care are substantially different in terms of time spent in various job activities.

Acute care and home care

Acute care and home care differ primarily in the administrative practicum site and need for a clinical elective. Each student could be placed in a practicum setting relevant to his or her career goals. Acute care nurse executives rated time spent in clinical activities so low that the need for additional clinical experience is questionable. Nurse executives in home care, however, spent more time on clinical activities, and, thus, a clinical course in community health nursing might be of value. We found that home care nurse executives have, if anything, a stronger need for financial and marketing acumen than

Table 2
Fundamental Nursing Administration Content

1. Health care law and policy
2. Organizational behavior and politics
3. Organizational strategy
4. Finance
5. Quality assurance
6. Ethical decision making
7. Health economics

Nursing conceptual models/ theory and research methods are usually considered core content for all graduate programs in nursing.

acute care nurse executives. Perhaps home care nurse executives are more like entrepreneurs than traditional nurse administrators, a trend that reflects the growth and dynamism of the home care industry.

Long-term care

Nurse managers in a long-term care setting spend more time than the other three groups in risk management, resource management, and clinical nursing activities. In addition, these nurse managers are responsible on the average for more full-time equivalent employees than any group except acute care, yet they have the lowest mean salary. Attracting nurse managers from this practice setting into graduate education will be difficult until compensation reflects the value of additional education. Because of the amount of time involved in clinical activities nurse managers in long-term care need a curriculum that is more a hybrid of gerontological nursing and administration, in which risk management and human resource management are emphasized. Time spent on management information systems, marketing, and finance appeared to be less in long-term care than in any of the other practice settings. While these findings reflect current practice, it may not be what is needed for future nurse executives in this field.

The new decade finds the health care industry, for the most part, struggling to survive.

Occupational health

Occupational health nurse managers practice in a very different environment, in that they are subject to the constraints of for-profit businesses that provide products or services unrelated to health care. Cost-effectiveness and program evaluation are essential content areas for these nurse managers (Lusk et al., 1988). Our results in terms of time spent in specific job activities suggest the need to emphasize health policy, planning, program evaluation, and management information systems. Since the typical role of the occupational health nurse executive involves a staff position without a large number of employees to manage, less content on human resource and financial management may be appropriate.

Nurse managers in different types of practice settings have different job activities and, thus, need different educational preparation. The curriculum implications suggested here reflect the realities of today's nursing practice as a logical starting point for curriculum design. But it does not necessarily represent what will be needed for nursing administration environment in the future. Current practice may be only an indication of what nursing administration has been, rather than what it needs to become. This study suggests, however, that whatever nursing administration becomes, it is different in settings that provide distinctively different services and that operate in distinctive organizational environments. Appreciation of the different sets of organizational and environmental factors is necessary for those developing curricula that are relevant to nurse managers in specialized areas of nursing practice.

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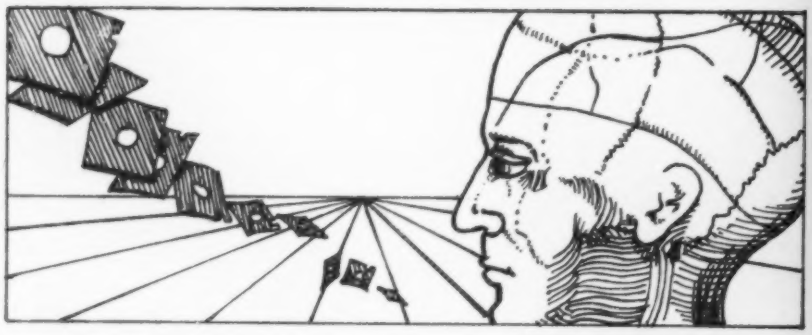
Nurse Executive Role Socialization and Occupational Image



Mary Elizabeth Krugman

Nurse executives function within a rapidly changing health care environment, one that is affected by new technological developments, fiscal restraints, corporate restructuring, and scarce resources. These changes have occurred recently and rapidly, with significant influence on nurse executive role functioning. Nurse executives, often newly titled at the vice president level, now exercise a greater span of managerial control over diverse personnel groups, direct a substantial budgetary process, and oversee compliance with intricate regulatory directives from all governmental levels.

It is not clearly understood how the nurse executive is socialized professionally into this new, visible, and powerful executive role. Nurse executive role socialization has not been studied; research provides insight into role identification, knowledge of how education preparation influences role functioning, and information about relations with nurse and nonnurse management colleagues. This article outlines the theoretical considerations of nurse executive role socialization and occupational image, and presents data collected from a nationwide survey of 386 top nurse executives.

Background

Nurse executives have been urged to be special advocates for nursing, over and above the normative health administrator role expectations (Conway, 1979), yet they have also been more recently described as possibly relinquishing this advocate position because of the marginality of their role positions. Biordi (1986) observes the female nurse executive is often part of a female minority in the hospital management structure. As a representative of a traditionally low status women's occupation, she may take on the male management values and identity to obtain role success. Added to these role demands is the need for the nurse executive to base his or her practice on a specialized and unique synthesis of knowledge from two disparate disciplines, nursing and business administration. The manner in which a nurse is professionally socialized will influence how these disciplines are integrated and the way the practice of nursing administration develops (Blair, 1989).

Socialization of the nurse executive is influenced by the type of formal educational program the nurse executive has experienced on all levels of education, since education is a primary force in the way a professional is socialized and develops an occupational identity (Pavalko, 1971). Graduate education is one of the strongest bonds for the induction into a profession, yet nurse executives come to their professional role from a variety of educational paths, many not taught within nursing. Both nurse administrators and nurse educators widely debate how the type of education experienced influences nursing administration practice. Many believe nurses educated at the graduate level outside of the profession may not be as committed to, and may not identify as strongly with, the nursing profession. Data about nurse executive education and role identification is important, for at that level of professional visibility and power the nurse must be able to clearly articulate the rationale and justification for nursing practice decision making, and be an advocate for nursing within the health care setting.

Mary Elizabeth Krugman, PhD, RN, is nursing coordinator, Community College of Denver, Denver, Colorado.

Theoretical framework and pertinent research

Since there is no unified theory of nurse executive socialization, diverse sources of literature were drawn upon to construct a theory and working model of nurse executive socialization. Symbolic interactionism, one theoretical perspective, proposes that professional self-identity develops through the clarifying responses of reference group others (Bucher & Stelling, 1977). A nurse executive thus assumes role identity through a construct of specific interactions and patterns of experiences with colleagues significant to him or her. Light (1980) views professional socialization as an interactive process, whereby the individual (nurse executive) exerts control over occupational choice and consciously decides who will serve as significant role models and reference others. Structure is perceived as a fluid and changing variable, amenable to change rather than a fixed condition. It is this theoretical understanding of professional socialization that served as a foundation for the construction of a descriptive working model of nurse executive socialization, which guided the research described in this article.

In this research, Krugman explores the effects of educational and experiential variables on the occupational image of the nurse executive. Early socialization as a nurse seems to remain a constant, and institutional management climate is another important variable.

Key Words: role socialization, occupational image, management climate, role model

Nurse executive socialization can therefore be viewed as an active, continuing process whose outcome is a nurse executive who holds a particular view of her- or himself and the work role. This self-perception is influenced by (1) work setting (Brief et al., 1979), (2) role set relations with colleagues (Miller & Wager, 1971), (3) the nurse executive's chosen reference group (Lum, 1978), and (4) the resolution of role expectations with role realities (Decker, 1985).

Nurse occupational image is a central concept to the understanding of work socialization. Haas (1964) identifies three sources in the formation of occupational image. First, the individual's perception of his or her work image will be influenced by perceptions of how worthwhile the occupation is relative to other jobs in society. This concept of relative worth includes the value society places on the occupation, and the rewards associated with carrying out the role. The second component of occupational image is a competency dimension, which includes how well the individual perceives he or she is carrying out the role. Finally, the third dimension focuses on how occupational image relates to the inherent satisfaction associated with the job, including the relationships, values, and beliefs that make the job satisfying. The nurse executive thus holds a job image that is a construct of three components: perceived job worth, perceived competency, and job satisfaction. The self-image of the nurse executive deserves special study to see whether self-perceptions of nurses who hold top management positions reflect the descriptions of low self-esteem characterizing the profession as an aggregate (Chinn & Wheeler, 1985).

Working model: Nurse executive socialization

Utilizing concepts from Hinshaw's (1976) socialization model, Haas's (1964) description of occupational image, as well as other related role and work socialization literature, variables representing the dimensions of socialization were arranged in model configuration, as a basis for research on nurse executive socialization and occupational image. Table 1 shows such a model of socialization. This model does not include stages of the process; stages cannot be developed until data is collected on a cohort group over time. The model is constructed on the theoretical premise that the way in which a nurse executive is professionally socialized into an upper management position is related to that nurse executive's occupational image.

Definition of model variables

Each of the independent, intervening, and dependent variables were defined, substantiated by the pertinent literature, and propositional statements developed. The terms are described in Table 2.

Research study

The nurse executive socialization model was tested by a quantitative instrument entitled the Nurse Executive Profile. The instrument was constructed by the author according to standard research protocol. A pilot study was conducted to test the content and validity of the instrument, and a scoring system was developed. The instrument consists of two parts: Part 1 is a 45-item Likert-type self-reporting measure; the nurse executive respondent assessed his or her perceptions of professional socialization and occupational image. The scores derived from this part can be examined by domain (variable), by a total socialization score, and/or by the occupational image score. Cronbach's alpha, computed for the total socialization score, was .849, while the alpha run for occupational image domain was .772. Both Cronbach alpha procedures show moderately high internal consistency.

Part 2 of the profile consists of 31 demographic items related to respondent professional information. These items were correlated with the self-assessment section. The instrument was sent to 640 randomly selected nurse executives who held top nurse management positions and were members of the American Organization of Nurse Executives.

Profile of nurse executive subjects

There were 386 usable returns from nurse executives in 50 states who held positions in a variety of institutions, the size of which ranged from 20 to 3,000 beds (median 336 beds). The majority of respondents were female (350, or 90.7%), Caucasian (96.6%), and 46 years of age (52.2%). Table 3 shows the educational background of the nurse executives. More than half (58.0%) of respondents held the title vice president, earned over $50,000 per year, and believed their salary to be comparable to their health care executive peers. Data were also collected on the reporting structure. The majority of nurse executive subjects (n = 362) reported to one person, who occupied the top executive position within the organization. The title of this top executive was most often described as CEO (n = 219), and 86.3% were males educated as hospital administrators or in the field of business. The majority of nurse executive respondents occupied a position with line authority equal to or greater than other hospital executive colleagues. The nurse executive subjects exercised a span of control that varied widely. Some nurse executives had only two individuals reporting to them, while other nurse executives had over 20 directors reporting, with over 50% of these representing various types of nursing personnel.

Results of study

Research on the socialization model yielded extensive data on the relation-

ships among variables. Only those findings most pertinent to nurse executive self-image will be reviewed here.

1. Who do nurse executives identify with and use as their professional reference group?

Nurse executives were asked about the kinds of professional meetings they preferred to attend, with whom they networked, whether they felt distanced from nursing now that they were in top management, with whom they interacted, and what type of journals they read. Subjects demonstrated a strong affiliation with and reference to nursing, with over 97% reading nursing journals and attending nursing meetings. Although 86.3% of these nurse executives report to males and work in a male management hierarchy, they networked and identified with nursing. These results indicate nurse executives do not lose their professional nursing identity, as Biordi (1986) suggested may occur because of their marginal role situation.

2. Do nurse executives who are educated differently show significant differences in occupational self image?

When nurse executive respondent education was correlated with occupational image score, the results (p = .791) indicated there was no significant difference between type of education (Table 3) and occupational image (perception of competence, job worth, and satisfaction). These findings suggest that nurse executive occupational image is not shaped in a particular way by type of educational program. There was a similar degree of variation in the occupational image of nurses educated at all professional levels, and in both nursing and nonnursing programs. Educational differences did assume importance in relation to the subject's perceptions about education for the role of nurse executive. When nurse executives were tested on their perception of education for the role, there were significant differences in nurse executive views of whether nurse executives should have nursing or nonnursing graduate education. Nurses who held graduate degrees in nursing believe the type of education for practice is important and should be within nursing, while nonnurse educated subjects did not hold that type of graduate education was significant. This finding indicates nursing education programs are successful in socializing their graduates into a positive perception of nursing education.

Table 1 *Working Model of Nurse Executive Socialization*

Independent Variables	Intervening Variables	
1. Reference group identification	1. Job environment	4. Mentor activity
2. Educational preparation	Management climate system	Use of mentor
Type of education	Institution type	Perception of mentor
Perception of education	Institution size	5. Gender relations
3. Demographic characteristics	Institution specialty	
Gender	Institution governance	
Age	Geographic location	
Ethnicity	2. Job characteristics	
Years in practice	Title	
4. Role expectations	Years in position	**Dependent Variables**
5. Professionalism	Salary	1. Occupational image
	Like/stay in position	Job worth
	3. Role set perceptions	Job competency
		Job satisfaction

3. Do male and female nurse executives show differences in occupational self-image because of gender?

Male and female nurse executives did not show significant differences in occupational image (p = .875). This contradicts studies by Lasky (1982) and others, who found women showed a lower work-related self-image than men. However, when test items relating specifically to gender relations in the workplace were analyzed by respondent's gender, significant differences were determined by Mann-Whitney U Wilcoxon Rank Sum Test. Results indicated male nurse executives felt they have significantly fewer gender-related interpersonal problems, and believed that female nurse executives had to work harder than males to be accepted on the management team. This analysis also revealed that the male nurse executives did not perceive they are as competent as their female nurse executive colleagues in business and marketing areas, and that female nurse executives perceived themselves to be more competent in the area of financial management than did the male nurses. These findings do not support any consistent sex-linked pattern, and lend support to Lenny's (1977) contention that differences between male and female self-image cannot be generalized, but are a specific response to a particular aspect of the work environment.

4. How does the work environment influence nurse executive occupational self-image?

Six dimensions of the nurse executive's work environments were studied: type of institution, institution specialty, size of institution, type of governance, geographic location, and management climate system. The only dimension that significantly influenced nurse executive self-image was found to be the institution's management climate. Nurses identified which of four management systems characterized their institution: exploitative authoritarian, benevolent authoritative, consultative, and participative (Likert, 1961). Nurse executives who worked in participative climates showed significantly greater job satisfaction (M = 15.785), and a significantly higher occupational image score (M = 47.7357). The participative management climate closely resembles the decentralized organization model, which has been shown to be associated with high job satisfaction (Przestrazelski, 1987).

5. Do special characteristics of the nurse executive's position influence occupational self-image?

The specific characteristics of the nurse executive job position examined in this study were job title, years in position, salary, and whether the

nurse executive liked his or her position and planned to remain in the position. The type of title used to designate nurse executive positions (executive, director, operating officer, etc.) did not appear to affect self-image significantly. However, there was a significant relationship between the nurse executive's image and his or her salary ($p < .001$). A Sheffe Test revealed nurse executives earning over $75,000 and $100,000 showed stronger perceptions of their own competency than nurses earning under $75,000 per year. Indeed, nurses earning over $100,000 per year gave more indications of job satisfaction, self-perceived competency, job satisfaction, worth, and had a higher overall occupational image score than any other income group. These results support Epstein's (1971) research, that women use the amount of salary they receive as a criterion of success in male-dominated management fields.

Whether nurse executives liked their positions and planned to remain in them also significantly affected their executive occupational images; those who liked their positions and intended to remain held significantly more positive images.

6. Is nurse executive occupational image related to perceived professionalism?

Professionalism in this study was measured according to criteria Pavalko (1971) and others have delineated as hallmarks distinguishing a professional from a nonprofessional worker: autonomous practice, actions that maintain professional values and standards, and the modeling of professional behavior to colleagues. Nurse executive subjects who reported upholding nursing values, spending time with the staff on units, and maintaining professional standards of care showed a higher occupational image than other nurse executive subjects ($r = .4457$). Nurse executives holding strong perceptions of professionalism came from a variety of educational backgrounds, demographic characteristics, and work settings.

7. How does a professional mentor relationship affect nurse executive occupational image?

In this study, 261 nurse executives had relationships with colleagues who acted as their mentors, while 120 did not. A t test between type of groups (mentor/no mentor) and occupational image score revealed there was no significant relationship between self-image and whether the nurse executive had a mentor. These findings contradict Larson's (1986) research that nurses who have mentors report higher job satisfaction. Of the nurse executives who had mentors, 54.2% reported male mentors. The nurse executive who had male sponsors did not decrease professional nurse role identification, an outcome suggested by Campbell-Heider (1986).

Summary

Nurse executives in this research study strongly identified with the nursing profession and did not show a change in reference group as they moved into top level management. Those executives who were older and more seasoned showed a more positive occupational image than the younger, less experienced nurse executives. This group of top nurse executives also maintained a strong and consistent core of professionalism that was not influenced by the type of institution, salary, gender, or educational background. This variable, professional-

Table 2 *Variables*

Independent Variables

1. *Reference group identification*: Subject's identification to a particular group; subject uses group as a frame of reference (Shibutani, 1962)
2. *Educational preparation*: Type of formal educational experiences completed by nurse executive subjects
3. *Demographic characteristics*: Descriptors that provide context to understanding nurse executive subject background
4. *Role expectations*: Norms that identify the attitudes, behaviors, and knowledge perceived to be expected for a role occupant
5. *Professionalism*: The attributes and attitudinal characteristics of nurse executive related to autonomy of practice, beliefs about standards of practice, and professional commitment (Hall, 1968)

Intervening Variables

1. *Job Environment:*
   a. *Management climate system*. The relatively enduring quality of internal environment of an organization that is experienced by members; values and attributes of the organization (Tagliuri & Litwin, 1968)
   b. *Institution type*. Characteristics of the institution, such as profit status, type of affiliation
   c. *Institution size*. The bed capacity of the institution
   d. *Institution specialty*. Whether the institution limits its service to one type specialty
   e. *Institution governance*. The form of policy control exercised by the institution
   f. *Geographic location*. Where institution is located
2. *Job characteristics*: Descriptors of nurse executive subject's position
3. *Role set perceptions*: Descriptions of how the nurse executives feel the role is perceived by other colleagues in the organization (Merton, 1957)
4. *Mentor activity*: Descriptions of relationship between nurse executives and those colleagues who act as career sponsors (Hunt & Michael, 1983)
5. *Gender relations*: Nurse executive perceptions of gender-related work role problems, issues (Fox & Hesse-Biber, 1974).

Dependent Variables

1. *Occupational image*:
   The self-conception of the nurse executive role occupant, as defined by three measures:
   a. *Job worth*. The value the subject attributes to the profession, and its relative worth to other occupations (Haas, 1964)
   b. *Job competency*. The nurse executive's self-evaluation of his or her ability to manage the position effectively (Connolly & Bruner, 1974)
   c. *Job satisfaction*. The degree of job satisfaction experienced in the role of nurse executive

Table 3 *Nurse Executive Education*

Primary Education for Practice	Number	Percent
Diploma in nursing	201	52.1
Associate degree, nursing	27	7.0
Baccalaureate degree, nursing	153	39.6
Highest degree attained		
Diploma in Nursing	11	1.0
Baccalaureate in nursing	34	8.8
Baccalaureate in other field	18	4.7
Master's in nursing	196	50.8
a. Nursing administration specialty	101	54.0
b. Other nursing specialty	95	47.0
Master's in other field	98	25.4
a. Business/health administration	60	61.0
b. Other master's (education, public health)	38	39.0
Doctoral degree	25	6.5
a. Nursing	8	2.1
b. Nonnursing	17	4.4

ism, appears to have been inculcated early in the career, possibly during the primary socialization process, since it appeared to be a stable component of the professional identity of this well-experienced group.

While there were many variables that did not affect occupational image, such as gender, title, and type of institution, it is important to highlight the significance of management climate in shaping the nurse executive's self-image. The strong association between positive self-image and the participative type of management system indicates that this climate provides opportunities for professional autonomy that reinforce nurse executive's feelings of competency and positive self-worth. Nurse executives in this environment see themselves as active and powerful players in shaping the organization. It must be recognized, however, that these executives may possess traits that drew them into that type of management climate, while executives with less dynamic traits may be drawn to climates that foster a more passive view of their role and influence. Since type of management climate is so strongly linked to perceived competency and job satisfaction, the findings would suggest that all types of graduate programs preparing nurse executives should include a strong curricular component that teaches skills related to assessment of the climate, interpersonal group dynamics, and team building.

Nurse executives hold a pivotal role in the health care industry. This study's findings shows them to be strongly identified with nursing, possessing an independent core of professionalism, and holding occupational image sensitive to the type of institutional management climate. The study clarified the dimensions of nurse executive self-reported socialization, and suggests areas for further research, particularly on gender relations, educational preparation for the role, and mentorship.

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